

Integrated Care Initiative Consumer Implementation Council

Monday November 16, 2015

1511 Pontiac Avenue, Cranston

2:00pm

Meeting Minutes

I. Welcome:

Jennifer Bowdoin (EOHHS/Xerox) welcomed everyone to the November meeting of this Integrated Care Initiative (ICI) Implementation Council. Ms. Bowdoin introduced Centers for Medicare & Medicaid Services (CMS) representative Jennifer Baron. Ms. Baron is the primary contact from CMS on this initiative; Ms. Baron notes that she has been a part of the phase one, and is looking forward to participating in Phase II.

II. Data Update: Enrollment & Opt-Out

Ms. Bowdoin presented an overview of the work thus far, providing an update on enrollment and opt out data. The slides were distributed, and are available upon request via email to Lauren Lapolla at lauren.lapolla@ohhs.ri.gov.

The data shows that there is a measurable difference between those individuals opting out and those staying in the program for individuals living the community with LTSS. This prompted a question from a stakeholder inquiring as to why that difference was so significant. A second question from a stakeholder inquired about the CCCCOP opt-out statistics. The data references a percentage of opt out of the total ever enrolled. Ms. Bowdoin replied and stated that more data will be made available to the group in the future.

A question regarding the financing and different “rate cells” for different populations in the ICI was raised. Ms. Bowdoin responded that the financing is a bit different on the Medicare and Medicaid side, but as to the latter, Medicaid pays a different rate for different subpopulations in the ICI.

III. Update on Marketing/ Community Outreach

Diana Beaton (EOHHS/Xerox) presented on the work that is ongoing related to marketing and community outreach. A subgroup, the Outreach Committee, met on November 13 with representatives from Neighborhood Health Plan of RI (NHPRI), EOHHS, the PACE program and Seven Hills. The overall goal of outreach is to have an effective rollout plan which will be coordinated with NHPRI.

To ensure the work is effective, the committee discussed the need to reach provider groups ahead of consumers. In addition, training the front line staff, the call center and the SHIP Counselors will be key. The Ombudsman grant allows for another resource for the ICI Phase II. There will be a focus on getting the message right and effectively communicating with both providers and consumers.

Ms. Beaton reported that RI is gleaning ideas from the experience of other states. For example, in some states the experience has been that consumers receive a lot of mail, and are confused by the process; it may be important to reach out to people several times. Putting important information on one piece of paper maybe useful to the consumer. Finally, consumers want to know if their doctors are in the plan, and what the new plan will cost.

The Outreach Committee discussed sending a post card communication to potential enrollees prior to receiving the first notice. There will be outreach to specific providers; NHPRI has started outreach to providers; the attendees of today's meeting were handed a draft stakeholder list and encouraged to submit feedback regarding providers we may have left off the list. Currently the state has started internal staff training, is developing an outreach plan, and has the capacity to send emails, arrange for presentations and Webinar updates. NHPRI is also working on training, provider outreach and developing print materials and website content.

An inquiry was made about the curriculum for the trainings. Ms. Beaton responded that it is currently in development. Recommendations from the stakeholders followed, suggesting that it would be beneficial to have fact sheets for each subpopulation that are easy to understand, and that lay out the benefits of Phase II.

IV. Ombudsman Program Update

Ms. Bowdoin gave an update on the Ombudsman Program. She advised that the Ombudsman grant is, specifically for the ICI Phase II, in the amount of \$460,000 over three years from the federal government. Currently there is a Request for Proposal (RFP) in development, currently with the Legal team, to be reviewed and then sent to the Division of Purchasing. Ms. Bowdoin mentioned that a single entity will serve as the Ombudsman. The state hopes to have the Ombudsman in place by the time letters are sent out to consumers and prior to the program starting.

A question was raised about if an agency already has a relationship with NHPRI. Could they be considered for the Ombudsman grant? Ms. Bowdoin replied that that Ombudsman must be a free agent entity and cannot have a financial interest or relationship with NHPRI.

A question was raised about the timing of the three way contract. Ms. Bowdoin stated that the draft contract was sent to CMS recently and CMS should return it soon. After the state receives it back, the state should finalize the contract and will send it back to CMS. CMS will then do their final internal review, at which point it will be sent to the State and NHRPI for signature.

A question was made - is geriatric competent care, being included in the contract? Ms. Bowdoin stated that the state is considering how to include it without writing it explicitly in the contract. We are trying to figure out a way to do it- maybe require it through reporting (that NHPRI sends to us). A request was made to see evidence of working with individuals

with disabilities included in the contract language. Ms. Bowdoin concluded by requesting that any ideas or suggestions be sent to the team via email (lauren.lapolla@ohhs.ri.gov).

V. **Public Comment**

No additional comment was offered by the public at this time.

VI. **Adjourn**